|                                                              |                                                            | CORD                                                                                            |                                                     | Sication 1                               | ation or Docket Number |              |                   |                 |                   |            |                    |                    |
|--------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|------------------------|--------------|-------------------|-----------------|-------------------|------------|--------------------|--------------------|
|                                                              | •                                                          | CLAIM                                                                                           | S AS FILE                                           | D - PART                                 |                        |              |                   |                 |                   |            |                    |                    |
|                                                              | J.S. NATION                                                | AL STAGE FEE                                                                                    |                                                     | olumn 1)                                 | (Column 2)             |              | SMALL             | ENTITY          | 3                 | OR         | OTH<br>SMAL        | ER THAN<br>L ENTIT |
|                                                              |                                                            | T SINGE FEE                                                                                     |                                                     |                                          |                        |              | RATE              | FE              | E                 | -1         | RATE               | 1                  |
| EXAMINATION FEE SEARCH FEE TEE FOR EXTRA SPEC. PGS.          |                                                            |                                                                                                 | ENT. = \$ 150                                       | LARGE ENT. = \$ 300                      |                        | BASIC FEE    |                   | $\dashv$        | OR E              |            | - FE               |                    |
|                                                              |                                                            | (4) • ;                                                                                         | T Article 33(1)-<br>50 / \$ 100<br>= \$ 50 / \$ 100 | All other situations = \$ 100 /\$ 200    | =                      | EXAM FEE     | +                 | $\dashv$        | -                 | XAM. FEE   | 30                 |                    |
|                                                              |                                                            | ALL other                                                                                       | - \$ 50 / \$ 100<br>countries =<br>0 / \$ 400       | All other situations = \$ 250 / \$ 600   |                        | SEARCH FE    | E                 | $\exists$       | -                 | EARCH FEE  | 25                 |                    |
|                                                              |                                                            | 13 "                                                                                            | ninus 100 =                                         |                                          |                        | X \$ 125 =   |                   | -               | -                 | X \$ 250 = | 140                |                    |
| OTAL CHARGEABLE CLAIMS  IDEPENDENT CLAIMS                    |                                                            |                                                                                                 | 10                                                  |                                          |                        | minus 20 = . | X \$ 25 =         | 1               | 7                 | .  -       | X \$ 50 =          | -                  |
| -                                                            |                                                            | NDENT CLAIM F                                                                                   | RESENT                                              | minus 3 = .                              |                        |              | X \$ 100 =        |                 | $\bigcup_{\circ}$ | ·          | < \$ 200 =         | 1                  |
|                                                              |                                                            | ce in column 1 i                                                                                |                                                     | ro, enter "n"                            | in column 2            |              | + \$ 180 =        |                 | $\rfloor$ $\circ$ | R          | \$ 360 =           | 1                  |
|                                                              | •                                                          |                                                                                                 |                                                     | • •                                      |                        |              | TOTAL             |                 | J٥                | R          | TOTAL              | ÇSÌ                |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                                            |                                                                                                 |                                                     |                                          |                        |              | SMALL             | ENTITY          | <b>^</b>          | _          | OTHER              |                    |
| AMENDMENT A                                                  | 2/14/02                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                       | 20                                                  | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOI | PRESENT                | 1 F          | RATE              | ADDI-<br>TIONAL |                   |            | SMALL E            | ADDI-<br>TIONAL    |
|                                                              | Total                                                      | . 20                                                                                            | Minus                                               | - 20                                     | =                      | <b>1</b>     | X \$ 25 =         | FEE             | OR                | <b> </b>   |                    | FEE                |
|                                                              | Independent                                                | • / .                                                                                           | Minus                                               | 3                                        | =                      | <b>!</b>     | <b>(\$100=</b>    |                 | OR                | -          | \$ 50 = .<br>200 = |                    |
|                                                              | FIRST PRES                                                 | SENTATION OF I                                                                                  | MULTIPLE DEF                                        | ENDENT CLA                               | JM .                   | -            | \$ 18,0 =         |                 | OR                | <b> </b>   | 360 =              | /                  |
|                                                              |                                                            |                                                                                                 |                                                     |                                          |                        | TC           | TAL ADDIT.<br>FEE |                 | OR                | 1017       | L ADDIT.           |                    |
| 1                                                            |                                                            | (Column 1)                                                                                      | ·                                                   | (Column 2                                | (Column 3)             |              |                   |                 |                   |            |                    |                    |
|                                                              |                                                            | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT                                                     |                                                     | HIGHEST NUMBER PREVIOUSL PAID FOR        | PRESENT                | Γ            | RATE              | ADDI-<br>TIONAL |                   | R          | ATE                | ADDI-              |
| -                                                            | Total                                                      |                                                                                                 | Minus                                               | 44                                       | =                      | ·   x        | \$ 25 =           | FEE             | <u> </u>          |            |                    | FEE                |
|                                                              | ndependent                                                 | •                                                                                               | Minus                                               | ***                                      | = ·                    | -            | \$ 100 =          |                 | OR                | <u> </u>   | 50 =               |                    |
|                                                              | FIRST PRESE                                                | NTATION OF M                                                                                    | ULTIPLE DEPE                                        | NDENT CLAIR                              | 4                      | <b> </b>     | \$ 180 =          |                 | OR                |            | 200 =              |                    |
|                                                              |                                                            | •                                                                                               |                                                     |                                          |                        |              | AL ADDIT.<br>FEE  |                 | Ĺ                 | TOTAL      | ADDIT.             | -                  |
| ון<br>וו                                                     | the entry in colum<br>the "Highest Num<br>the "Highest Num | nn 1 is less than the<br>iber Previously Paid<br>iber Previously Paid i<br>er Previously Paid i | entry in column 2,<br>For IN THIS SP/               | write "0" in colun<br>CE is less than "  | nn 3.                  | TOT          | AL ADDIT.<br>FEE  | column 1.       | OR OR             |            |                    |                    |

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